WHO PROPOSAL
REFRESHER COURSES FOR AFGHAN PHYSICIANS:

Part I: Basic Information:

1) Country: Pakistan/Afghanistan

2) Project Location: Pakistan

3) Project Type: Health and Education- Proposal for the Establishment of Refresher courses for Afghan medical graduates.

4) Starting Date: June 15, 1989.

5) Ending date: Funding requested for 6 months initial to September 15, 1989.

6) Government Department Responsible: Government of Pakistan

7) WHO in collaboration with ACBAR/SWABAC/ICC as well as NGO's and individuals.

8) Total project budget USD $39,030.00

Part II- Background and Justification:

The effects of the ten years of war in Afghanistan has been devastating upon the education system. The lack of facilities, the political involvement and intellectual drain through death and refuge as well as the economic situation has left no support for the educational structure. These effects are particularly evident in the context of higher education in the medical field which suffers from a reduced pool of appropriate candidates and the political context within which medical education is delivered. The lack of resources such as textbooks, formalized retraining, fellowships and support, effects every level of health care. To the physicians who are responsible for the direction of the health system this is critical.

Many of the graduates have not completed some portion of their core curriculum and all physicians are in need of ongoing intellectual stimulation in their field of interest.
Degradation of the medical education system is considered a tragic consequence to a political situation in the time of war.

The training of new physicians is a long process; better begun when conditions are more stable, the facilities are available and the funding and maintenance can be assured. Until such time as the re-institution of formal medical education can begin the need is to concentrate on the upgrading and refreshing of the available manpower pool. The emphasis by necessity will have to be initially on theoretical study rather than practical exposure. Despite the fact that there is a particular need in the area of practical training with supervision the delivery of theoretical material will serve for:

Maximazation of physician resources to:
1) extend their services
2) Appropriately utilize and supervise ancillary personnel.
3) Provide the base for referral system within the context of the rural health care needs.

In this manner Primary health care is given an introduction to the leaders who will shape the focus of the health care system as it emerges.

Need for assistance:

The need for this type of project has been recognized and requested by all involved in the health field. The initiative for this proposal stems from Afghan physician input and should be encouraged. The academic standards have been reduced over the last ten years. The result of this is a sense of demoralization and a denigration of skills. This is what the Afghans themselves would like to address immediately.

It is recognized that the integration of primary health care will only come from support by both the community as well as from within the health care system itself. The physicians are requesting skill upgrading and a place within the planning process. This give the focus of medical topics with integrated public/preventive health. Giving "them" what they are asking for and delivering what "we" want them to have.

Part III- Project description:

There will be a short course twice per month for six months which will be handled through the technical and financial assistance of WHO training department. This will include the site of workshops, material generation and arrangement of lecturers and curriculum.

The lecturers will be 80% Afghan physican experts recognized in the community as well as internationally and 20% expatriate local and overseas. A small expatriate observer section will also welcomed. The training office of WHO has a listing of personnel who could work with such a program.

The utility of Afghan teachers serves four purposes:
1) Recognition of the experts available locally.
2) The practice of academic standards and delivery as a reminder. The teaching process serves very well in the education of the educators.
3) Language barrier reduced and time maximized.
4) Exposure and practice with international standards of primary health care and scientific process.

There has been expressed interest from international University sources to contribute personell and technical assistance to this type of program. For example, Johns Hopkins University, Stanford University, University of California, University of Arizona, and

University of Omaha at Nebraska have all requested such a forum.

Project Objectives and beneficiaries:

Utilizing the Afghan physicians available whom have expressed interest in upgrading and refreshing their skills in the following:

1) Common pathology of Afghanistan with international and local literature review.
2) Familiarizing the physicians with the pathologic conditions stemming with refugee situation and repatriation.
3) Improving the weak points (as gently defined) from training and enhancing their ability to plan and work within the evolving health care service.
4) Familiarizing the physicians with the other levels of health care providers such that maximization of all levels can be increased.

It is anticipated the course will serve over 100 participants directly. Indirectly the manuals will be available to 500 physicians as retraining and for cross-border supply. The more significant number of beneficiaries comes from the other levels of health workers who will be supervised and directed by these physicians. Of most significance is the patient/community population that will have the chance for a more integrated health system to serve their needs. In this manner the number of beneficiaries is innumerable.

Work plan:

1) Estimation of present physicians in Pakistan, Afghanistan and time of graduation.
2) Registration of Afghan physicians practicing. This relates with the concept of protecting the physician from the ongoing skepticism due to lack of the formal documentation available to them as refugee status in Pakistan- to provide a centralized source and perhaps assist in the record keeping. Short medical interview to define skill level and interest which will help define the focus of the short courses.
3) Recognition of experienced and respected physicians,health workers, scientists/researchers to locate lecturers.
4) Clarification of curriculum with schedule made for courses. The presentation of topics by lecturers is then assigned (incorporating international experts already involved ie orthopedics overseas, etc.). The lecturer will work with training department staff initially to assist the proper scope and direction of the topics.

Curriculum/Topics:

Please refer to appendix A. The concept of integrated curriculum with a presentation of common medical/academic topics, primary health care and policy issues interspersed is planned.

5) The Course will be held twice monthly for approximately 50-100 participants. Total number of courses 12. Time will be 8 hours per session.
6) The production of a manual from the course which will incorporate lecture notes as well as background information (refer to WHO health learning materials division).
7) Issuance of a certificate to:
   a) Lecturers
   b) Those who attend regularly and have not missed more than 2 classes. Continuing medical education credits can be offered to those who exhibit minimum competency by examination. The goal of provision of course content is primary, those who request credits will be provided the opportunity.

Project Monitoring and Evaluation:

WHO training coordinator with panel of experienced physicians representing the interested parties (ACBAR/SWABAC/Interim Government/CMC/ICC/NGO's) will supervise the course preparation and implementation.

WHO training coordinator office will maintain the registration records of physicians as stated in the work plan. Those who are involved in retraining will have the records amended as such.

Monthly report of progress will be available to WHO Geneva regarding narrative accounting of objectives as well as financial accounts.

Financial Requirements:

See attached budget.

BUDGET In US Dollars

	Local USD	Geneva USD
Program Officer for Coordinator Physician	$11,000	
Travel of course Coordinator for 1 international conference regarding continuing medical education (1) at $1800 round-trip fare	$1,800	
per diem varies with place estimate $150 for 10 days	$1,500	
Consultants from overseas (max 4) Transportation ($1800 round-trip fare)		$7,200
per diem cost of housing		$1,500
Translation of materials from lectures and background. Verbal and written Translators (2) 7,000/mo	$4,200	
Manual publication (150 at 70 rupees per copy)	$750	
Reference Materials	$910	$220
Miscellaneous:		
-Local Transportation of Temporary Advisors	$500	
-Stationary	$100	
-Training materials	$350	
-Dictionaries		
-White board		
- etc.		
Participants per deim 100 participant for 12 days	$9000	

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Total Budget =======

USD $39,030

APPENDIX A: Curriculum/Topics

1) It is anticipated that the core content of midlevel and lower training programs will be delivered so that physicians can become familiar with the various levels of health workers. This will ease the concept of treatment protocols and standard medicine supply as well as supervision and integration of health workers.

All topics will be somewhat defined by the workplan as described within the text of this proposal. The core topics will include those areas considered "weak" and also, based on "common pathology" within the context of the health system for Afghanistan.

2) Policy planning and systems management design- introduction
   a) Introduction to management and supervision.
   b) discussion of the current conditions and emerging picture.
   c) cost analysis.
   d) Training of ancillary personnel
   e) Introduction to primary health care

3) Public health
   a) Sanitation
   b) Water supply
   3) Teaching methodology
   4) Prevention

3) Basic epidemiology- statistics

4) Maternal child health

5) Nutrition-
   a) Issues related to monitoring the individual as well as the community. Assessment and survey. Feeding programs. Major risk groups.

6) Infectious diseases endemic to the area:
   a) Malaria
   b) typhoid
   c) tetanus
   d) measles
   e) Tuberculosis
   f) Chicken pox.
   g) Leishmaniasis
   h) Anthrax
   i) Brucellosis
   j) Influenza

7) Vaccination
   a) Method of vaccination
   b) six target diseases
   c) Technical aspects of cold chain and monitoring
   d) Timing and reporting.
   e) Integration of refugee programs and cross-border for repatriation protocols.

8) General Medical Topics

Common Gastrointestinal Problems

Diarrheal disease:

a) Oral treatment protocols and advantages
b) Prevention within the context of the community and health workers at different levels.
c) differential diagnosis and laboratory procedures.

Common C.V.S problems

a) Hypertension
b) I.H.D
C) C.H.F

Common G.U.S problems

a) Renal stones
b) Prostatitis
c) Renal Failure
d) Glumerulonephritis

Common Respiratory Problems

a) Lower Respiratory Tract Infections.
b) Pharyngitis

Common skin diseases

a) impetigo
b) erysipelas
c) cellulitis
d) folliculitis
e) dermatitis
f) scabies
g) Psoriasis
h) leishmaniasis
i) viral
j) fungal
k) leprosy
l) skin tuberclosis

Common eye problems

a) Trachoma
b) Glucoma
c) Conjunctivitis

Common E.N.T problems

a) otitis media
b) nose bleeding (epistaxis)
c) Pharyngitis
d) tonsilitis

9) First Aid and approach to mass casualty

a) Link with mine awareness, referral and mine clearing as well as evacuation.
b) Minor surgical procedures.

10) Pharmacology and essential medicine supply.

11) Case presentations of topics with audiovisuals will be encouraged by each presenter.